



THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
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2006 Annual Report

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TO PROTECT AND PROMOTE
THE RIGHTS OF INDIVIDUALS
WITH DISABILITIES, THROUGH
EMPOWERMENT AND ADVOCACY



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Letter from the Executive Director

Many annual reports provide a statistical snapshot of an organization; however, IPAS' successes are not best revealed in the count of calls received or the number of referrals made. While data and statistics are important to track, our agency's triumphs emerge in the personal stories of our clients.

The focal point of our annual report is our collection of representative case studies, hand-picked to illustrate the myriad of ways that IPAS' programs and services help Hoosiers with disabilities.

Through these personal stories, we not only expose the hurdles facing our clients and other people with disabilities, we explore the tactics that have resulted in positive change in their lives, and often, in the policies and practices of our communities.

The annual report also relates our case studies and client successes to our agency-wide and program objectives. Approved each year, these objectives represent the scope of work IPAS staff will use to achieve the priorities established by the Commission. Approval is given based on input from constituents, members of the public, IPAS staff and recommendations from the Mental Illness Advisory Council. They are measurable, attainable, and are selected to make positive progress in protecting and promoting the rights of individuals with disabilities, or to raise public awareness of IPAS services. In short, they are the foundation on which our year's work is built.

This issue of IMPACT includes an overview of each of the eight separate, federally funded advocacy programs administered by IPAS. Through these programs, 85 of the 106 objectives posed by the Commission were met in 2006, a completion rate of 80 percent. Additionally, 20 objectives were partially met for a completion rate of nearly 100 percent for objectives both fully and partially achieved.

More importantly, however, IPAS' customer satisfaction for the services it provides remains high. Written satisfaction surveys and individual interviews conducted by Indiana University's Indiana Institute on Disability and Community both show positive outcomes. Ninety percent of clients receiving information, referrals or advocacy services report that they would either call us again, or would recommend IPAS to others in need of assistance.

The IPAS Commission, the Mental Illness Advisory Council and the IPAS staff are devoted to protecting the rights of individuals with disabilities. We believe that effective advocacy efforts result in the empowerment of individuals and the exercise of their rights, and that effective advocacy can make a lasting, positive impact.



Thomas Gallagher
Executive Director, IPAS

2006 IPAS Program Descriptions

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (PADD):

Mandate: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (see 42 U.S.C. 15043)

For individuals who meet the federal definition of developmental disabilities. PADD's role is to ensure that people with Developmental Disabilities and their families participate in the design of and have access to needed community services, individualized support, and other forms of assistance. PADD is funded out of the Administration of Children and Families (ACF) and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI):

Mandate: Protection and Advocacy for individuals with Mental Illness Act of 1986 (see 42 U.S.C. 10801 et. seq.)
PAIMI seeks to protect and advocate for the rights of individuals with mental illnesses in both institutional and community settings. The PAIMI program investigates allegations of abuse, neglect, and rights violations for people with mental illnesses. PAIMI is funded out of the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

CLIENT ASSISTANCE PROGRAM (CAP):

Mandate: Section 112 of the Rehabilitation Act (see 29 U.S.C. 10801 et. seq.)

For individuals seeking services from a program or project funded by the Rehabilitation Act. In Indiana, this would be Vocational Rehabilitation Services, and Centers for Independent Living. CAP is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT):

Mandate: Assistive Technology Act of 1998 (see 29 U.S.C. 3001 et seq.)

For Individuals with disabilities seeking Assistive Technology (devices or systems used to improve or maintain the capabilities of persons with disabilities). Designed to promote the provision of assistive technology and services through systemic reform, PAAT has the authority to litigate class action issues and negotiate compliance with federal law. PAAT is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY (PATBI):

Mandate: Children's Health Act of 2000

This program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group of individuals. PATBI was created through a grant from the Department of Health and Human Services, Health Resources and Services Administration.

PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA):

Mandate: Help America Vote Act

As part of efforts to educate people with disabilities about their voting rights and their recourse when those rights are denied, a brochure has been developed as a quick reference tool concerning voting rights to be used by voters with disabilities. This brochure provides a basic summary of the historical basis for HAVA, a thumbnail "Bill of Voting Rights" and contact information in the event a voter believes those rights have been violated.

The curriculum IPAS offers for collaboration with groups representing persons with disabilities includes the voting rights video produced by Secretary of State Todd Rokita's office, with substantial input from IPAS. In connection with this video, it has been emphasized to each of the groups approached that the video is simply a tool and a starting point in the education process. Two publications from the Indiana Governor's Council for People with Disabilities, "Removing Barriers for Voters with Disabilities" and "Voting in Indiana," round off the curriculum.

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS):

Mandate: Ticket to Work™ and Work Incentive Improvement Act of 1999

For individuals with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who want to work or return to work. The role of PABSS is to provide advocacy for beneficiaries of Social Security who have problems obtaining, maintaining and retaining employment. PABSS is funded by the Social Security Administration.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM (PAIR):

Mandate: Section 509 of the Rehabilitation Act (see U.S.C. 794e)

For individuals who meet the ADA definition of disability, and who are not eligible under the other programs. The Protection and Advocacy of Individual Rights (PAIR) Program is a federal formula grant program established under Section 509 of the Rehabilitation Act to promote the legal and human rights of people with disabilities. PAIR also addresses systemic reform issues to promote compliance with the Americans with Disabilities Act. PAIR is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services Administration.

2006 IPAS Program Priorities

ABUSE AND NEGLECT:

Review allegations of abuse and neglect on behalf of individuals with disabilities residing in ICF-MR facilities, state operated and comprehensive mental health facilities, psychiatric residential treatment facilities Indiana Department of Corrections, jails and detention facilities, and receiving services through Medicaid waiver services or Residential Care Assistance Programs.

Monitor selected death investigations of individuals with disabilities to document that an investigation was initiated and completed by the responsible state entity.

Monitor to document that Indiana's Adult Protective Services will fulfill its obligations under IC 12-10-3 by investigating all reported allegations of abuse and neglect.

EQUAL ACCESS AND OTHER RIGHTS:

Assure physical, program, and services access for individuals who have been denied services under the Americans with Disabilities Act (Titles 2 and 3), or Fair Housing.

Assure access of individuals with disabilities to polling places and ensure the state's compliance with the Help America Vote Act.

Assist individuals with disabilities in obtaining assistive technology services and devices.

Increase the self-advocacy skills of individuals with disabilities and their families, advocates and other representatives.

SPECIAL EDUCATION:

Review allegations that students with disabilities have had their educational services inappropriately reduced or termination due to suspension or expulsion and assure their right to receive a Free and Appropriate Public Education.

Review allegations on behalf of students with disabilities that may have been denied the benefits of or subjected to discrimination under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973, to obtain/retain appropriate educational services in four targeted special education entities.

EMPLOYMENT:

Assure that eligible individuals receive appropriate Vocational Rehabilitation Services and services through Centers for Independent Living.

Assist Social Security beneficiaries who are seeking Vocational Rehabilitation Services, employment services and other support services from employment networks

Promote and preserve the rights of individuals to fully participate in the vocational rehabilitation process.

EDUCATION AND TRAINING:

Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with developmental disabilities through participation on Resident/Human Rights committees and other groups and task forces.

Provide education and training about disability rights and IPAS to individuals with disabilities, family members, guardians, advocates, and/or service program providers.

Provide education and training regarding IPAS and disability rights through participation in events related to abuse and neglect, the ADA or the Fair Housing Act, child care, and special education.

INFORMATION AND REFERRAL:

Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

Abuse and Neglect

Freedom from abuse and neglect is a fundamental right. One of the primary purposes of the Indiana Protection and Advocacy Services Commission (IPAS) is to work toward eliminating abuse and neglect of individuals with disabilities. Abuse and neglect can be defined in many different ways. In addition to physical and sexual abuse, financial exploitation and inappropriate treatment may be considered abuse or neglect.

During the past year, IPAS responded to more than 400 allegations of abuse and neglect on behalf of individuals with disabilities residing in institutional or residential settings (e.g., state-operated facilities, comprehensive mental health centers, group homes, prisons and jails). Additionally, IPAS staff serve as advisory members to many state operated facilities' Human or Patient Rights Committees in order to work to assure that the rights of the residents are protected.

Here are some representative cases that illustrate the types of problems individuals with disabilities face, as well as some solutions that resulted from IPAS intervention.

Abuse and Neglect: State-operated Facilities

REPRESENTATIVE CASE:

With the imminent closure of Fort Wayne State Developmental Center, IPAS is monitoring the discharge plans of residents to ensure that placements are appropriate and meet the health and safety needs of those moving to the community. In many cases, a guardian has called IPAS to request monitoring of the plan. Such a call came from the guardian of a resident who was concerned that her ward's transition was being rushed and she was not being kept informed of decisions that were being made on behalf of her ward. IPAS reviewed the transition plan. Initially there were some concerns regarding the transition; however, those were worked out with the team by IPAS.

OUTCOME:

The individual transitioned into an apartment where he lives with a roommate. He appears to be happy with his new home and is also working. IPAS' role in reviewing transition plans for accuracy and adequacy in meeting the needs of the individual also included one follow-up visit to ensure that the plan laid out is indeed being followed. By the close of the year, IPAS had monitored 22 transition plans and will continue this effort until all residents have transitioned out of the facility.

REPRESENTATIVE CASE:

A resident of a state-operated mental health facility contacted IPAS with allegations that he was being unfairly restricted through his written treatment plan; specifically, he expressed concerns that he remained on a highly restricted level requiring staff's continuous observation of him, for a rape allegation of which he had been cleared by police following their investigation. While this restrictive level of staff observation had been imposed immediately following the rape allegation, it remained in effect, with no clear written or staff explanation as to reasons why. The effect of the restriction resulted in the client being restricted to the ward, which prevented his participation in his assigned activities and treatment programming held off the unit.

OUTCOME:

IPAS negotiated with members of the hospital administration and unit staff regarding the lack of clinical justification to maintain the restrictions and denial of the treatment programming off the unit for the client. The client's full restrictions were changed to a level that allowed the client to leave the unit with escort to attend his assigned activities and treatment programming.

SYSTEMIC CHANGES AT INDIVIDUAL STATE-OPERATED FACILITIES HAVE INCLUDED:

- ◆ Staff were re-trained in their responsibility to take steps to provide privacy for individual clients while implementing components of treatment plans.
- ◆ IPAS-PAIMI successfully argued for clients to check out equipment such as billiard balls and cue sticks with the staff before client use. Previously, unmonitored and unrestricted access had resulted in incidents where equipment had been used as weapons. This system now balances access to recreational opportunities and maintains a safe environment for everyone.
- ◆ One facility has implemented a new monitoring system to track medication administration and the reporting of errors.
- ◆ During fact-finding and review, IPAS referred information to facility administration on a questionable communication method from staff and a resident. The staff was counseled concerning appropriate and therapeutic methods of communication with clients.
- ◆ Members of the nursing staff were trained to ensure that their nursing notes would be written more thoroughly.
- ◆ In an incident where an allegation was not subsequently substantiated, during the course of IPAS' investigation it was discovered that the facility could not provide verification when and if a client attended their treatment team meetings. The facility subsequently implemented changes to their procedures that ensure that a client's treatment plans will now include the date and time that the client entered the meeting (or signed the plan), or that the client did not attend the meeting.

Abuse and Neglect: Comprehensive Mental Health Centers

REPRESENTATIVE CASE:

IPAS opened an investigation following media reports of a police action shooting death of an individual who was a suspect in the shooting death of a police officer. Media reports included the suspect's father's allegation that his son was mentally ill and in the days prior to the incident that resulted in the police shooting of his son, mental health services had been sought and denied. IPAS opened the case under its probable cause authority to review that allegation made by the father that services had been denied to his son.

Several days prior to the event, the client's father had attempted to obtain a commitment order for his son. The Comprehensive Mental Health Center (CMHC) had no open beds, and the father left without an order. When IPAS began to review the allegation, the following facts were determined: the client had been told to leave his parents' home due to increasingly dangerous behavior; the father went to the local CMHC to obtain assistance for his son and was told there were no beds. The father did not speak with a doctor to determine if a commitment order would be written. Per the CMHC policy, this should have been done. Neither was the father told that he could contact other CMHCs for possible assistance. If a commitment order is written, the family then goes to court and a pick up order is written by the court. Despite the fact that the son was not present, and his whereabouts were unknown, a commitment could have been ordered. Several days later, the

client allegedly shot and killed a University Police Officer. The son was then shot and killed by a city Police Officer during the manhunt for the alleged perpetrator in the University Police Officer shooting.

IPAS was able to determine that the CMHC's in-patient unit was at capacity, and there was a waiting list at the time the father made contact requesting help for his son. Additionally it was determined that the Emergency Detention unit had been full 60 percent of the calendar period reviewed by IPAS. At the time of the incident, the contract between the CMHC and the Department of Mental Health and Addictions (DMHA) allowed a CMHC to provide services to individuals from another county; however, there is no requirement to do so. In addition, the contract did not require a CMHC to provide assessment and stabilization to individuals if their beds were full.

OUTCOME:

IPAS successfully advocated for changes in the contracts between Department of Mental Health and Addictions and Comprehensive Mental Health Centers. The contracts are now being revised to remedy the problem of providing services to individuals from another county (service area) and the requirements that a CMHC provide services to those in need, even when their beds are full.

REPRESENTATIVE CASE:

IPAS received a letter from an individual who had been housed on an in-patient unit of a local Comprehensive Mental Health Center alleging that staff had forced her to wear hand mitts as a "nursing measure." IPAS' follow-up found that the consumer's claims were valid as the nursing staff admitted to the use. Subsequent clarification by IPAS concerning the interpretation of the definition of a restraint found the hand mitts should have been classified as restraints and the facility should have followed its current restraint procedure. Since the client had already been discharged when she wrote IPAS, the issue was not stopping current abuse, but rather the inappropriate application of this restraint.

OUTCOME:

IPAS began monitoring the facility's implementation of its corrective plan of action. The plan of correction that was enacted was as follows: 1) a notice was posted on all in-patient units noting that hand mitts are a form of restraint; 2) A clarification of the definition of restraint, including the types of restraint, will be presented to all new staff in aggression management training upon hiring and annually thereafter; 3) the chart document form for restraints has added a category for "other" restraints not commonly used with examples of hand mitts, waist restraints, and helmets; and 4) the Behavior Care Services Restraint Committee will monitor that these have been implemented. These changes will have a positive effect on all patients for whom restraints are used.

OTHER OUTCOMES INCLUDE:

- ◆ At a residential facility providing services for youth, a new policy was implemented requiring staff to conduct a safety sweep of the gym area both prior to and following the use by children, for the purpose of ensuring that items that could be used as weapons were not left available to clients.
- ◆ Staff were re-trained concerning their obligation to take steps to assure resident's privacy.
- ◆ Another facility changed its policy and practice regarding those residents with guardians; specifically the facility will now attempt to obtain the involvement of the resident's guardian in treatment planning.
- ◆ The CMHC hired a new Ph.D as the leader of the Adult Community Services whose responsibilities include working with the group home managers in the residential programs. The new staff person will be involved in the treatment planning process to develop behavioral plans for residents who do not respond to traditional interventions, thus avoiding the occurrence of inappropriate therapy being utilized.

Abuse and Neglect: Room and Board Assistance

REPRESENTATIVE CASE:

A female resident contacted IPAS with concerns regarding her medical care and verbal abuse, specifically from her treating physician. During the course of IPAS' investigation, the incident of verbal abuse could not be substantiated in part due to the lack of cooperation from the physician who would not discuss the matter. The facility's administrator stated that it was their opinion that the physician was stern and that it was conceivable that the physician could become angry enough to curse at someone (as there had already been incidents where the physician had cursed at staff). IPAS did find that all of the facility staff perceived the client as a hypochondriac who would monopolize the physician's time.

Additionally, IPAS substantiated that the client had completed an internal formal complaint on the same allegation, which the facility had failed to address.

OUTCOME:

While the specific complaint was unsubstantiated, IPAS filed a formal complaint with the Indiana State Department of Health (ISDH), the enforcement agency concerning the state's administrative rules governing the facility's operation. ISDH's investigation concluded the same deficiencies as alleged by IPAS. The facility was mandated to develop and implement a plan of correction that would be the subject to subsequent surveys.

SYSTEMIC CHANGES HAVE INCLUDED:

- ◆ The facility will enforce its existing policy. The policy requires that a case manager for an individual work directly with a resident upon the inclusion of discharge planning in the resident's treatment and care plan.
- ◆ A facility agreed to begin adhering to its existing policy, which addressed how staff should respond to resident's complaints. Specifically, the facility would initiate an investigation of the complaint and provide a response to the resident within five days.
- ◆ A new policy was written to define the circumstances and the procedure for when and how to conduct a physical search of residents. Residents can only be searched if it is related to a medical issue and the medical staff must be present. A strip search of the residents is now prohibited.
- ◆ The facility agreed to follow the vocational program requirements described in the residents' treatment plan. Thus, the practice of avoiding payment for resident's time worked was ended. The staff had previously referred to practice as volunteer work by the residence hence unpaid work.

Abuse and Neglect: Least Restrictive Environment/Safe Community Settings/Appropriate Habilitation Plans

REPRESENTATIVE CASE:

IPAS was contacted by a 29-year-old woman with traumatic brain injury, blindness and orthopedic impairments. She called IPAS because she wanted to be free of threats and verbal abuse. She stated that she wanted to have privacy and receive waiver services from a different residential provider. Additionally, she told IPAS that residential staff invade her privacy by entering her room and going through her things, including her mail, and eavesdropping on all of her phone conversations. Although she had filed a formal complaint with the waiver home supervisor, the supervisor sided with the direct care staff and blamed the resident and other clients for problems in the home. IPAS' client indicated that her waiver case manager who had the responsibility of assisting her with rights issues as well as selection of another provider had not communicated with her as required for nearly a year. She also alleged that this case manager had yelled at her and stated that she had attempted to find another case manager by conducting interviews with various individuals but had been unable to find one. She expressed an interest in receiving training in various daily life skills so as to gain independence and live on her own someday. Review of her waiver treatment plan revealed that none of these areas were addressed with training supports. Review of the agency residential policies as well as those of the state agency that monitors waivers revealed that the residential provider had not

followed those policies and procedures as required. IPAS spoke with residential provider staff, state agency personnel and Adult Protective Services and attended several meetings to assure that the client's complaints were investigated and acted upon as per state and agency requirements. IPAS also recommended that the client's treatment plan reflect her choices and desires for increased skills and independent living. The residential provider expressed concern regarding her inability to always make wise choices. IPAS encouraged the residential provider to obtain the services of a behavior management specialist who could work with her to increase her decision making skills. The state agency is currently assisting the client in finding a new independent case manager and residential provider.

OUTCOME:

The client selected a new case manager. After assignment of the new case manager, her Person Centered Plan meeting will be scheduled. At this meeting, she and the team will discuss her goals, job interests, money management and living arrangements. The team will also discuss new services (e.g., behavioral management, money management, counseling, increased social activities and increased work hours). The client agreed to remain at Residential CRF and to work toward living in her own apartment and indicated that she felt that she was in more control of her life.

REPRESENTATIVE CASE:

IPAS received a call from an individual who was concerned about Medicaid Waiver reimbursement. Although IPAS does not handle issues with the reimbursement made to providers, it was determined that IPAS would ensure that her Individual Support Plan (ISP) was implemented as approved (e.g., improperly implemented ISP's may result in abuse/neglect). The provider assured IPAS that the client's ISP would be implemented with the number of staffing hours specified, regardless of the reimbursement that was received. The provider verified that she had been receiving the number of staff hours that were specified in her ISP. IPAS then attended a team meeting where revisions were made to the ISP and our client agreed that her plan could be implemented with fewer hours per day.

Several days after the meeting, IPAS was advised that our client had received a letter stating that she would lose her Medicaid at the end of the month, due to not using enough medical care. This was also confirmed by the Waiver Case Manager who advised IPAS that her company was filing an appeal to keep services in place. A message was shortly received by IPAS that Medicaid services would not be canceled, per the Medicaid Case Worker.

OUTCOME:

As a result of IPAS intervention, the client received information and assistance to advocate on her own behalf, received agreed upon services so that she could live independently, had access to community resources and Medicaid services were continued.

REPRESENTATIVE CASE:

An individual contacted IPAS to report that her brother was her assigned payee for her Social Security benefits and she was concerned that he was not managing her benefits appropriately. On the basis of Jane's report of alleged financial exploitation, IPAS' review involved review of provider documents as well as contact with Adult Protective Services (APS). APS subsequently reported that while there was not enough evidence for their agency to pursue any legal action against the brother, they did believe there was enough concern to support the client's belief that it would be best if he was no longer her payee.

OUTCOME:

The Social Security Administration — whom the client had contacted prior to IPAS' involvement — had independently reached this same conclusion and agreed to grant the request to obtain the status of being her own payee of her benefits. IPAS met with the client again and confirmed that she was now fully in control of her own finances and benefits, and that she was satisfied with the resolution of her case.

REPRESENTATIVE CASE:

IPAS received information from Allen County Adult Protective Services (APS) stating that there were a number of people with developmental disabilities in the county jail as a result of a provider's inability or unwillingness to provide intensive behavioral supports. IPAS began fact finding and found that one individual had no previous services from a developmental disabilities service provider, but had spent a short time in a medical facility prior to charges being filed. Our client has since been released from jail and has moved into a Medicaid waiver home. IPAS had concerns regarding this move as our client had very little introduction to the new housemate; she had not visited the apartment prior to moving there and there was no behavior plan in place. The waiver home provider also stated that they intended to use the police department as the back-up plan for any issue that occurs after her move.

Additionally, she is currently on probation for one year and if at any time has behavior resulting in the police being called, she will return to jail to serve out her term.

OUTCOME:

The concerns regarding inadequate placement planning and use of the police as a behavior intervention were brought to the attention of the provider. Additionally, IPAS has expressed these concerns to the state Community Residential Facilities Council (CRFC), including the use of calling the police being the "up front" intervention with no apparent plan for de-escalating behaviors being in place. IPAS will continue to advocate that inappropriate police interventions not be part of rehabilitation plans through its participation as an ex-officio member of the CRFC.

Abuse and Neglect: Correctional Facilities

REPRESENTATIVE CASE:

IPAS was contacted by staff of the local community mental health center (CMHC) expressing concern regarding the timely and consistent administration of medications for a client who was incarcerated at a local jail. IPAS determined that the procedure used by the jail staff was in part causing inconsistent medication monitoring and administration. Specifically the jail personnel administering the medications were unable to demonstrate if medications were being dispensed on a daily basis. Secondly, jail personnel would use an intercom to announce medication dissemination time relying on the inmates to move to a specific area in timely fashion to receive medications. The client did not always hear the announcement (sometimes he would be sleeping, due in part to his bipolar disorder).

OUTCOME:

IPAS was able to assist the CMHC in negotiating with the jail administration to change their practice and to track overall medication distribution. Additionally, jail staff will provide a reasonable accommodation for inmates on an individual basis; that staff would seek out inmates individually to remind and offer the prescribed medications. Lastly, IPAS assisted the CMHC to negotiate with the Jail Commander to ensure that the client was able to attend therapy and medical appointments.

SYSTEMIC CHANGES HAVE INCLUDED:

- ◆ At one county jail, the medical staff was re-trained to avoid encouraging offenders to utilize their personal right to refuse medications. Instead, staff will refer the offender's request to the doctor, thus allowing the physician and offender to discuss the issue.

Human/Resident Rights

IPAS assigns staff to each of the state's behavioral health facilities and devotes nearly 20 percent of its time to work at the state facilities. This high visibility and frequency of visits help promote approachability of our staff by the residents as well as the facility staff. The basic, most general goal and purpose of all Resident/Human Rights Committees is to assist with protecting and enhancing the rights and dignity of people receiving services at the state-operated facilities, while promoting the facility's code of organization ethics and the State of Indiana Code of Ethics.

However, the more specific goal and purpose of each Resident/Human Rights Committee depends largely upon which facility the committee serves as well as said facility's population. One committee may review and resolve patient complaints and review proposed policies that may impact patient rights', while another may review the specific treatment plan of the most difficult-to-treat patients, often requiring discussion of treatment modalities that may also include rights' implications.

REPRESENTATIVE CASE:

A state hospital's chaplain recently questioned its Human Rights Committee to determine if one patient's act of physical aggression and attack with his Bible could be addressed without violating the client's religious rights (i.e., when a geriatric patient with both a schizophrenic disorder and a history of religious-based obsessions unexpectedly used his hardcover, full-sized edition as a weapon to strike staff people in two separate incidents).

OUTCOME:

IPAS personnel, reminding both the chaplain and the committee that the right to practice one's religion is an absolute, non-conditional right, cautioned that even in situations involving physical aggression and injury, the facility need be cautious and as least restrictive as possible in limiting the patient's access to his possessions, which happen to be a Bible. Based upon discussion, the treatment team subsequently came up with a plan that appears to protect the patient's religious freedoms, while limiting his ability to effectively use his Bible as a weapon. Specifically, if the patient should again use his current Bible as a weapon, it will be immediately replaced with a small paperback-style. If he does not make any further assaults with this Bible, he can then advance to a full-size paperback version. If he continues to do well, by the next day, the patient can regain possession of the hardcover full-sized Bible. In this way, the patient will still have constant access to a Bible, but the smaller, paperback editions minimize risk to staff or peers.

REPRESENTATIVE CASE:

A state-operated facility used the Human Rights Committee behavioral intervention plan concerning a patient who had recently been transferred from another state-operated facility. The male resident had a lengthy history of institutional placements and significant verbal, physical and sexual aggression. Presumably due to changes in medications and programming at the new facility, this resident had recently experienced some improvement in his most challenging behaviors; therefore, his treatment team reported they would like to begin to proceed very slowly with an increase in privileges. During committee discussion, however, some participants suggested this patient would never earn full privileges due to his behavioral history, further stating that the patient should be informed of this limitation. IPAS personnel, disagreeing with this position, stated it was inappropriate and premature to make a final determination about the patient's limitations. While IPAS acknowledged the importance of the patient's behavioral history and agreed that his own behavior might limit his ability to earn privileges, it would be inappropriate to restrict his opportunity of attempting to earn his highest level of privilege since it is impossible to predict what level of improvement he might demonstrate over a period of time.

OUTCOME:

After much discussion, the Human Rights Committee formally recommended the patient's treatment team create a realistic reward plan to recognize his improved behaviors and that staff would also develop a gradual plan for introducing increased privilege levels as he continues to demonstrate improved behaviors.

"It was good to have IPAS involved."

"Our family was at crisis level and didn't know where to turn. Thanks."

Special Education

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents and advocates need information and support to enable them to effectively self advocate. There are also school systems in Indiana that exhibit ongoing violations of the Individuals with Disabilities Education Improvement Act (IDEIA) and Article 7 (Indiana's special education regulations).

IPAS investigated approximately 100 complaints by parents or students who had their educational services inappropriately reduced or terminated, and took appropriate action to assure their right to receive a free and appropriate public education.

Special Education: Suspension/Expulsion

REPRESENTATIVE CASE:

A parent contacted IPAS for assistance in getting educational services for her son who had been expelled from his high school during the first semester of the school year for having a pocket knife in his car. Following his return to the school, she requested that he be evaluated for special education services and in the subsequent meeting was told that he did not meet the criteria. She then asked for identification under the provisions of 504, but was informed that he would not qualify for Section 504 unless he had addiction or substance abuse problems. At the time of the call to IPAS, the child was attending an alternative school and had another expulsion pending due to fighting.

Despite the school's awareness of the child's diagnoses, bipolar disorder and ADHD, along with failing grades in all of his classes, the school continued to question his eligibility. IPAS was successful in having another Section 504 conference to review eligibility issues at which time the child was determined qualified as a Section 504

child. Despite further determining that the child's behaviors led to a pending expulsion was a causal relationship to his disability, the school continued to proceed with the expulsion hearing. IPAS filed a Motion for Dismissal of the Expulsion proceeding, citing the lack of legal authority of the school to proceed.

OUTCOME:

In response to the Motion for Dismissal, the school contacted the parent, informing her that her son would not be expelled from school, but a Section 504 meeting would be scheduled to develop an Individualized Accommodation Plan (IAP) and Behavior Management Plan (BMP), which were implemented for the 2005-2006 school year. The IAP and BMP included placement in all general education classes and interventions to address the child's behaviors that had led to suspensions. Additionally the plan provided accommodations for the child to make up those credits lost from his previous suspensions.

REPRESENTATIVE CASE:

IPAS was contacted by the mother of a high school student who had allegedly been expelled from school for insubordination. While the school had yet to determine the child's special education eligibility, the parent was informed that the child was to remain out of school until medication was prescribed to control behaviors. At the time of IPAS' initial involvement in the case, the child was found to be failing all her core classes, had a lengthy discipline referral record and was being educated at the middle school. IPAS assisted the parent through the initial request for the school to complete an evaluation and to convene a case conference to determine Special Education eligibility.

Two weeks following the parent's contact with IPAS, it was determined that the child did meet eligibility for special education services as a child with a primary disability of Emotional

Disability (ED), Learning Disability (LD) and Oppositional Defiant Disorder (ODD). On behalf of the child, IPAS advocated for the development of an appropriate Individualized Education Program (IEP) including a Behavior Intervention Plan (BIP). Additionally, IPAS proposed that the child be placed in her age appropriate grade within the high school. To assist with the transition to high school, an outside educational service was paid for by the school.

OUTCOME:

For the remainder of the school year, the student received special education services for the full day in the Emotionally Handicapped program. The program will progressively allow her inclusion based on levels. At closure, she was attending school full-time in her grade appropriate setting and her grades were continuing to improve.

"I'd like to commend IPAS for the integrity of the advocate."

REPRESENTATIVE CASE:

A student's mother contacted IPAS requesting assistance with issues regarding suspension from school pending expulsion. The daughter had a brain tumor removed, but the lingering effects required treatment that adversely impacted her school performance. IPAS spoke with the mother who informed IPAS that her daughter did not have a 504 plan and was not in Special Education. The school had known for some time that this student was seeing a therapist and had a diagnosis of Oppositional Defiant Disorder. The previous semester, the school expelled her but rescinded it when it was determined that she had a brain tumor. The tumor was removed, but there were some negative effects from the procedure, including the student's grades dropping from honor roll to failing. The school did not assess her need for services, even on a temporary basis. In March 2006 she was suspended pending expulsion, because she made a rude hand gesture to a classmate. School personnel told her mother that this suspension was due to violating a contract. However, neither the student nor the mother had signed the contract, because the previous expulsion had been rescinded. In March 2006, the mother left a message for the school counselor, requesting that her daughter be tested for special education services. IPAS advised the mother to give a written request for an evaluation to the school counselor and request that it be signed as having been received.

Later that month the mother sent a copy of the request for an evaluation with a note that school personnel refused to sign to accept the request. IPAS sent a copy of the request for an evaluation for Special Education and Related Services to the counselor. IPAS met with the counselor and obtained a copy of the student's school records. The counselor explained that he had not accepted the request for an evaluation because he wanted the mother to fill out

the school's form. When the mother insisted that the prepared letter be accepted, he spoke with someone in the school office who advised that an evaluation could not be done during an expulsion. Therefore, he did not give the mother the paperwork.

After numerous contacts with the school counselor, the Special Education Coordinator at the middle school and the township's Director of Special Education, the student was assessed for the need for Special Education and Related Services. Although this was not accomplished within the required time frame, the evaluation was beneficial. At a case conference, it was determined that she was eligible for Special Education and Related Services qualifying her under emotional disability for her various psychiatric disorders, and it was recommended that she be considered to qualify under other health impairment for her brain tumor that could possibly return. A preliminary behavior plan was put into place until the functional behavior assessment could be completed. It was agreed to place the student in a specialized therapeutic program for 60 instructional days. She would be reassessed, and a transition plan for integration with her 8th grade peers would be developed.

OUTCOME:

In May 2006, the Special Education Director advised IPAS that the student's expulsion was rescinded once she was placed in the day treatment program. The director explained that she had not been notified of this situation until IPAS called her in April 2006. She reviewed the educational record and was surprised that an assessment had not been done prior to this incident. She thought that the client's behaviors put the school on notice regarding Child Find. As the issue of the suspension/expulsion was successfully resolved, IPAS closed the case.

"IPAS was great help."

"The advocate was very helpful, thoughtful and kind."

Equal Access

Individuals with disabilities must have access to programs, services, buildings and housing. There are continual barriers that prevent equal access. These barriers include physical inaccessibility to governmental and public places, reluctance of service providers to provide accommodations in the provision of their services or outright denial of all types of services due to ignorance of disability issues and the laws designed to protect those rights. IPAS responded to 143 allegations involving equal access. Following are some representative cases that illustrate some of the barriers individuals with disabilities face and some solutions that resulted from IPAS' intervention.

Equal Access: Assistive Technology

REPRESENTATIVE CASE:

The Office of Indiana Vocational Rehabilitation Services (VR) arbitrarily began severely restricting the kinds of vehicles they would approve for modification. The modifications were necessary to accommodate the disability of the driver. VR began requiring that a specific make and model of vehicle must have been crash tested prior to that make and model being approved for modification. Federal vehicle safety standards contained no such requirement. This policy abrogated the freedom of individuals needing vehicle modifications to purchase a vehicle based upon their individual needs, preferences and financial resources. IPAS

challenged this policy/practice by representing a complainant at an administrative hearing. The Administrative Law Judge ruled in favor of our client, ordering VR to provide the modifications to the client's vehicle of choice.

OUTCOME:

Individuals applying for vehicle modifications from the Office of Indiana Vocational Rehabilitation Services will have much greater freedom to select and purchase an appropriate vehicle based upon their individual needs, personal preferences and financial resources.

REPRESENTATIVE CASE:

A 60-year-old female diagnosed with multiple sclerosis, carpal tunnel syndrome and heart problems contacted IPAS for assistance. She had requested services from the Office of Indiana Vocational Rehabilitation Services (VR), which included the provision of certain assistive technology devices such as voice dictation software and a laptop computer. The equipment was needed in order to undergo training to become a medical coder. Her vocational goal had been approved by Indiana VR, but several months had passed

and this necessary equipment had still not been provided to her. Doris contacted IPAS and requested assistance.

OUTCOME:

IPAS contacted the area supervisor regarding the way that staff at the VR office were managing this case and inquired about the reasons for the delay in services. After several more conversations between IPAS and the VR area supervisor, VR agreed to provide the equipment.

“The advocate was a real asset.”

“The advocate was instrumental in our getting an IEP that worked.”

Equal Access: Americans with Disabilities Act

REPRESENTATIVE CASE:

A 38-year-old man from Rush County, diagnosed with epilepsy, likely from brain injury sustained during birth, contacted IPAS for assistance. He had frequent seizures, and 10 years ago he had a car accident due to seizure while driving. His license was suspended, and the Bureau of Motor Vehicles (BMV) cited their policy, which stated that an individual could not have a driver's license if he'd had a seizure during the last year. This policy was not promulgated. The relevant state law did not include such a prohibition; it only required a doctor to sign off that the individual could safely operate a motor vehicle. This man underwent corrective brain surgery and his neurologist stated that his surgery removed his risk of seizure, and he should be allowed to operate a motor vehicle.

The BMV refused to reinstate his license based on their internal, arbitrary policy. A hearing was held in March 2006 in which the hearing officer reviewed IPAS' exhibits and suggested that the hearing be adjourned and the materials resubmitted to the BMV Medical Advisory Board, with the implication being that the board would likely now approve the reinstatement of this man's driver's license. IPAS attorneys proceeded with testimony, then agreed to adjourn the hearing pending the board's reconsideration. Subsequently, IPAS received notification that the board reaffirmed its denial of the request to reinstate his driver's license. The administrative hearing was reconvened in June 2006.

IPAS subpoenaed a representative of the BMV Medical Advisory Board to testify at the reconvened hearing as to the medical conclusions that led to their decision. Prior to the reconvening of the administrative hearing, IPAS filed a formal request with the Independent Hearing Officer to subpoena one of the physician members of the BMV Medical Advisory Board. The Hearing Officer assured us that one of the Advisory Board physicians would attend the hearing. However, once the hearing was reconvened we were informed that the physician who had been scheduled to attend the hearing was unavailable. IPAS vigorously objected to this as a violation of due process, only to be informed by the Hearing Officer that he had no means to force an individual to appear at a hearing.

After reiterating the objection on record regarding the lack of opportunity to cross examine a member of the BMV Medical Advisory Board, IPAS proceeded to present the case. Three weeks later IPAS received the Hearing Officer's decision, ruling in favor of the Bureau of Motor Vehicles.

OUTCOME:

IPAS has filed our Petition for Judicial Review in Rush County Circuit Court.

REPRESENTATIVE CASE:

A 46-year-old social security beneficiary who has a hearing impairment had sought services from Indiana Vocational Rehabilitation Services (VR) to assist her in the completion of an associate's degree in therapeutic massage and body works at a local college. This individual had requested accommodations from both Indiana Vocational Rehabilitation Services and the community college, including note takers, closed captioning for the televisions, one-on-one assistance when being required to type on a computer while at the same time listening to the instructors, and other adaptive technology as needed. IPAS determined that VR had violated this client's rights by not meeting specific timeframes in the development of her Individual Work Plan (IWP). VR also failed to thoroughly assess her hearing loss and what accommodations

and assistive technology she might require while taking classes at the college. IPAS also determined that the community college had violated her rights as well by not responding appropriately to her request for needed accommodations.

OUTCOME:

IPAS was able to mediate an agreement between VR and the college regarding each party's responsibilities to meet the requirements of the Americans with Disabilities Act. This is a systems outcome that not only impacts the client, but will impact every other student with a disability who attends that college. The client continues to successfully complete her associate's degree classes and may start her own small business enterprise once she completes her degree.

Employment

Historically, individuals with disabilities have experienced a higher rate of unemployment or underemployment, which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain. IPAS provides advocacy services for individuals with medically diagnosed physical or mental impairments that result in a substantial impediment to employment.

These individuals seek and receive services through Vocational Rehabilitation Services (VR). This includes individuals who receive Social Security Disability Insurance or Supplemental Security Income and assistance to individuals experiencing problems with return-to-work issues, obtaining or receiving workplace accommodations or issues with employment service providers. This year IPAS investigated 111 employment-related complaints.

REPRESENTATIVE CASE:

IPAS was contacted by a 58-year-old female with orthopedic impairments who utilizes a wheelchair for mobility and works full-time. She received services from Vocational Rehabilitation Services (VR) in 2000 to purchase a new wheelchair, but in late 2005 it was determined that her wheelchair required repairs, including a new battery, new tires and a new wiring harness. She approached VR regarding repairs of her wheelchair as a necessary post-employment service. VR denied her request, citing policy prohibition. IPAS reviewed her file that contained clear informa-

tion showing the needed wheelchair repairs. IPAS requested that VR provide a copy of the cited policy. VR complied, but the policy had not yet been approved by either the VR administration or State Rehabilitation Commission. IPAS contacted the area supervisor who acknowledged that the VR counselor had utilized incorrect policy information in making her decision.

OUTCOME:

The original decision was reversed and the client received the needed wheelchair repairs allowing her to continue working.

REPRESENTATIVE CASE:

An individual with hearing impairments who had worked in a mobile home manufacturing factory for several years called IPAS for assistance. He needed help in appealing a decision made by Vocational Rehabilitation Services (VR) of ineligibility based on the finding that he “did not require VR Services in order to achieve or maintain employment of his choice.” Specifically, he had requested that VR supply a hearing aid for his left ear. This individual had been hearing impaired since birth with complete deafness in his right ear and limited hearing in his left ear. He had previously worn a hearing aid provided by VR that had improved his hearing. This aid quit working and he was unable to replace it due to a lack of insurance coverage for replacement and the high cost of the device. VR denied eligibility based upon his request for a hearing aid as well as the fact that his hearing had not significantly changed and that he had maintained steady employment in the same position for 11 years.

IPAS reviewed the VR file and visited his work site to monitor him at work and survey the work environment. It was observed that he

worked in a very noisy area in the factory and in close proximity to co-workers. Without his hearing aid, he had to depend on his basic lip-reading skills to understand others. His immediate supervisor stated that our client’s hearing loss is a substantial impediment to employment and safety as he is unable to hear any of the alarms (fire, tornado) and the paging system, and needs to be told when break time arrives. IPAS also spoke with an audiologist who recommended bilateral hearing aids.

OUTCOME:

IPAS provided representation at an administrative hearing. The hearing officer failed to uphold the eligibility decision of VR and rendered a decision in our client’s favor. The hearing officer’s decision was very strongly worded and demonstrated the irony that this individual, without VR provision of the hearing aids, would most likely lose his job. He would then be forced reapply to VR who would have to provide him with new hearing aids as well as job placement services for an individual who is 58 years old and possesses a low probability of re-employment.

“The advocate did an excellent job.”

“I wouldn’t have known what to do without you.”

Employment Training

REPRESENTATIVE CASE:

IPAS was contacted by a 23-year-old female beneficiary of Supplemental Security Income who is also blind. She received assistance from Indiana Vocational Rehabilitation Services (VR) to receive her undergraduate and master's level degrees. Her employment goal was to obtain a doctorate in the classic studies and teach at the college level. She had assigned her Ticket to VR upon receipt of it. This individual contacted IPAS with concerns that VR had refused to fund summer school classes and had told her that any further funding toward the receipt of her doctorate in classic studies would be contingent upon obtaining other funding sources such as income from employment. IPAS reviewed pertinent state and federal policy as well as many documents supplied by the client and concluded that VR had followed appropriate procedure when

they denied the funding for her requested summer school classes (i.e., she could take these same classes at other times during the regular school year). IPAS also determined that VR was not following policy when it made its financial assistance contingent on the client's agreement to seek other sources of funding outside of the financial aid office such as work study or working as a graduate teaching assistance.

OUTCOME:

IPAS shared these facts with VR personnel who retracted the contingency requirement thereby avoiding an appeal. IPAS met with the client and the VR counselor to develop an Individual Plan for Employment that established services necessary to complete her studies.

REPRESENTATIVE CASE:

IPAS was contacted by a 41-year-old man who experienced a traumatic brain injury (TBI) approximately nine years ago, leaving him with cognitive and emotional deficits. Prior to the occurrence of his TBI, he had obtained a graduate degree and held a high-level information systems job with an agricultural company. His most challenging and prevalent barrier to employment is his lack of short-term memory. He wanted to return to his previous job, but applied for assistance from Vocational Rehabilitation Services (VR) when he realized that this was not an option. Although he had previously been a client of VR on several occasions and worked with several different VR counselors, they had been unable to assist him with a long-term employment outcome. He contacted IPAS after VR attempted to close his case based upon a determination that there was clear and convincing evidence that he could not benefit in terms of an employment outcome from the provision of VR. IPAS conducted fact-finding activities and determined that

the real reason for case closure was that he had been "rude and verbally abusive" to the VR staff. He had requested an administrative appeal of the case closure decision and IPAS was able to convince all parties involved to participate in an informal mediation process. IPAS successfully advocated that an updated neuropsychological testing should be completed to assist in determining how best to support him in his employment efforts. IPAS insisted that VR develop a new Individual Plan of Employment (IPE), based in part upon the results of the neuropsychological test, which contained an employment outcome that was more in line with his abilities.

OUTCOME:

The client's newly developed IPE clearly outlined his strengths as well as barriers to employment and strategies to ameliorate those barriers. He continues to work toward a more satisfying and appropriate vocational goal.

Crisis Intervention Team Support

IPAS supports the creation and development of Crisis Intervention Teams (CIT) throughout Indiana, setting an annual priority to establish a new team in at least one Indiana city police department each year.

CIT training is key to helping law enforcement professionals appropriately deal with people in their community with disabilities who are experiencing a crisis.

As part of this effort, the National Alliance on Mental Illness (NAMI) Indy hosted a CIT training November 14-18, 2005. Individuals trained in this round of education included:

- ◆ 1 from Community Hospital Security
- ◆ 1 from St. Vincent Hospital Security
- ◆ 30 from Indianapolis Police Department

- ◆ 4 from Wishard Hospital Security
- ◆ 1 from St. Francis Hospital Security
- ◆ 1 from Franklin Township Schools
- ◆ 1 from Milwaukee Police Department
- ◆ 20 from Marion County Sheriff Department

There have been members of the law enforcement community attending the trainings, even though their department does not yet have an active CIT program. This interest and support of CIT is encouraging and sets a positive trend for continuing to achieve this objective in 2007.

NAMI Fort Wayne and NAMI West Central also hosted CIT Trainings in February 2006, catering to a number of new programs and law enforcement professionals receiving their initial CIT instruction.

Access for Individuals With Disabilities Through Participation on the ADA Steering Committee

IPAS participates on the state's ADA Steering Committee as a means to promote increased access for individuals with disabilities and to promote compliance with and awareness of the Americans with Disabilities Act.

Key ADA Steering Committee outcomes include:

- ◆ Ongoing support for the audio conference sites – six sites statewide
- ◆ I&R provided as needed
- ◆ ADA-Indiana booth at the Self Advocates conference Sept. 7

- ◆ Review and discussion of community implementation grants
- ◆ ADA report card mailed to cities and towns in Indiana
- ◆ Discussion of October Audio conference “ADA Legal Update”
- ◆ Discussion and planning for Governor's Council: Conference for People with Disabilities Nov. 16-17
- ◆ The committee continued to disseminate information via ADA Indiana Web site and contributed to promoting access by distributing information on ADA to those in the community at conferences

Protection and Advocacy for Voting Access (PAVA)

This year, the Protection and Advocacy for Voting Access (PAVA) brochures were re-created to include more current, up-to-date information. The brochure was lengthened from three pages to four to include all the new information, including polling place accessibility.

The new information details what, at a minimum, constitutes an accessible polling place and how voters can file a grievance with the Secretary of State's Office if their polling place is not accessible.

IPAS also developed information regarding polling place accessibility for distribution to all county clerks and county voter registration offices in Indiana, approximately 150 offices total. The information was disseminated in cooperation with Secretary of State Rokita's office. IPAS also continued to collaborate with Secretary of State Rokita's office to ensure that information regarding the grievance procedure and contact information for

IPAS is included on the Voters Bill of Rights poster required to be posted in all polling places. IPAS also provided input into the development of the state grievance form and ensured that the form includes information on how to contact IPAS for assistance in filing a grievance.

IPAS staff continued to promote voting access — 300 PAVA brochures were distributed in the fourth quarter alone, and information on PAVA was also included in four speaking engagements or events reaching approximately 10,300 individuals. The audiences for these events included Noble Industries, Back to School Carnival, Project Aftermath and Key Consumer Conference.

IPAS also responded to calls concerning voting rights on Nov. 7, Election Day.

Indiana's Partners in Justice

Meetings of the Indiana Partners in Justice were held primarily to keep members informed of developments in the field of criminal justice. Inquiries to identify and determine availability of statewide

services as well as a survey to provide feedback from self-advocates, family members and providers were proposed and will take place in the new grant year.

"I am doing very well now"

"The advocate was superior"

The Brain Injury Association of Indiana

IPAS worked to promote the 25th Annual Brain Injury Association conference and its keynote speaker, Trisha Meili, the “Central Park Jogger.” Efforts included a media advisory sent to all key central Indiana media; a news release sent to all Indiana print media about the conference and its keynote speaker; and a calendar piece sent to all central Indiana television community calendar pages and to local organizations with similar interests (i.e., Indiana Coalition Against Domestic Violence). The releases were disseminated to Indianapolis media in an effort to arrange interviews and encourage media attendance at the event. Several stations including WIBC-AM and WXIN-TV attempted to schedule interviews with Trisha, but were unable because of her tight schedule.

On September 19, 2006, a short clip was in the Indianapolis Star regarding the Brain Injury Association of Indiana’s conference and it mentioned the keynote speaker, Trish Meili, reaching an audience of approximately 255,277.

The Indianapolis Business Journal on Sept. 11, 2006 also mentioned keynote speaker, Trish Meili, a message extended to the paper’s circulation of 15,860 individuals.

IPAS distributed 300 “Mind Matters” wristbands at the Brain Injury Association of Indiana annual conference.

Fourth Annual Human Rights Committee Conference

Approximately 80 individuals participated in IPAS’ Fourth Annual Human Rights Committee Conference that was held Sept. 18-19, 2006. This training was designed for human rights committee members to understand the need for and to effectively participate in human rights committees. The conference covered a variety of topics about resident and treatment rights. Participants

explored the ethical and philosophical basis for human rights committees, how to encourage the use of best practices in ensuring rights protection, and how to best preserve the “human” in human services.

The conference was a success and this objective was met.

*“I want to thank you
on behalf of my son”*

Indiana Vocational Rehabilitation Services (VR)

IPAS has a close working relationship with Indiana Vocational Rehabilitation Services (VR), the largest employment network in the state. IPAS continues to have input into all proposed VR policies that will affect all individuals seeking employment and rehabilitation services, including beneficiaries utilizing their Tickets.

IPAS has participated and/or provided input via several VR workgroups including: Restorative Services; Financial Participation, Appeals Process, Assistive Technology, Van Modifications and Supported Employment. An IPAS program coordinator continues to serve on the Indiana Commission on Rehabilitation services and is very vocal in terms of supporting continued monitoring of all VR practices and policies.

IPAS continues to encourage VR to develop an accurate, updated policy and procedure manual for use in all field offices statewide. Currently different versions of various policies are being used throughout the state. At the insistence of IPAS, VR developed a

committee consisting of the VR Regional Managers to determine which policies and procedures are current and then organize them into a new, updated manual.

IPAS provided much input for the VR proposed policy and procedure manual (PPM) changes regarding the following specific policies: PPM 200.37 DEFINITION OF LOCAL COMMUNITY; PPM 320 MEDIATION AND APPEAL PROCESS; PPM 520 PHYSICAL AND RESTORATION SERVICES; and PPM 540 VEHICLE MODIFICATION. These proposed changes were reviewed by the IPAS legal department and provided to VR.

Federal representatives from the Rehabilitation Service Administration met with IPAS' executive director and Client Assistance Program coordinator to discuss issues impacting individuals served by VR and Centers for Independent Living. One of the main concerns expressed by IPAS was the inconsistent manner that policies are promulgated and implemented.

IPAS Collaborations

IPAS' ability to address its mission to provide protection and advocacy is enhanced by partnerships and collaboration. IPAS had numerous opportunities to partner with other entities this year. Following are a few samples of our collaboration efforts.

IPAS collaborated with the Institute on Disability and Community to...

IPAS was a sponsor and exhibitor at the 2006 Self Advocacy Conference. IPAS partnered with the Governor's Council for People with Disabilities and the Indiana Institute on Disability and Community to conduct this conference where approximately 150 people were in attendance.

IPAS also supported the Building Leadership Series, which allowed 18 adults with cognitive disabilities from across Indiana to participate in this pilot series, designed to build leadership and advocacy skills in people with disabilities. Three two-day workshops held over a three-month period were co-trained with

staff from the Center on Aging and Community at the Indiana Institute. The Building Leadership Series is a collaborative endeavor between Indiana's Developmental Disabilities Network, consisting of the Indiana Institute on Disability and Community and Indiana University, the Governor's Council for People with Disabilities and IPAS.

IPAS also cosponsored conferences or collaborated on projects with Key Consumers, ARC of Indiana, Indiana Governor's Council for People with Disabilities, Indiana Brain Injury Association, NAMI Fort Wayne, West Central NAMI, East Central NAMI, NAMI Indianapolis, and Self Advocates of Indiana to name a few.

Relations with other agencies are enhanced by IPAS participation on multiple interagency committees, councils and task forces. IPAS would like to thank all of these organizations for their continued collaboration. These vested partners help enable IPAS to meet its mission of protection and advocacy.

Education and Training

IPAS staff participated in 212 education and training events, reaching more than 76,398 individuals. These events included exhibit booths, presentations and conferences. Under a contract with IPAS, the Mental Health Association in Indiana delivered

152 resident and treatment rights training sessions, reaching a total of 2,091 residents and staff of the state-operated facilities for individuals with mental illness.

IPAS and the Web

The redesigned agency Web site was implemented this year. Many improvements were made to the site to make it more helpful and user friendly. However, work continues on the secondary navigation part of the Web site that will add more links and tools that individuals with disabilities and their families can use to learn more about their rights and how to better advocate for themselves.

IPAS also worked to add special sections of information to correspond with public awareness and media campaigns, such as the Special Education campaign. During the media effort, a section focusing on Special Education was created on the IPAS Web site. This portion of the Web site is currently the most widely viewed section of the site.

The redesigned Web site also features audio clips of IPAS case studies. These testimonials feature clients sharing their personal

stories about how IPAS positively impacted their lives, and allow individuals of all abilities to learn about IPAS through the stories told by others.

The new Web site also affords individuals who wish to submit comments or suggestions an easy opportunity to e-mail IPAS with just two mouse clicks.

The IPAS Web site is continually updated. Changes include changes to the links for the Indiana Developmental Disability Network, additional resources added to the publications page, format changes to the Calendar page and other updates throughout. IPAS is constantly observant of its Web site to ensure accuracy.

For the year, the IPAS Web site received 787,019 hits.

IPAS Provides High Quality Advocacy

IPAS believes that asking our clients to rate our services is a vital part of maintaining quality advocacy services. IPAS mails satisfaction questionnaires to individuals who request information and referral services and to those who are represented by IPAS staff. In addition, IPAS uses an independent contractor to conduct tele-

phone satisfaction interviews when possible. The responses indicate that our clients overwhelmingly find IPAS staff to be respectful, knowledgeable, professional and prompt. In addition, approximately 90 percent of the respondents indicate that they would either call us again or recommend IPAS to others.

Media and Publications

Through earned and paid media, IPAS promotes its services and key issues to help raise awareness among the general public and target audiences.

Last year, a number of media efforts were employed through a variety of channels.

BROADCAST MEDIA

An IPAS media relations campaign that raised awareness of abuse and neglect of individuals with disabilities consisted of a video news release (VNR), an audio news release (ANR) and a print news release that was pitched to media statewide. The VNR was picked up by WTHI-TV in Terre Haute on their evening news program.

Radio coverage included WRDZ, WTLC-FM, WTLC-AM and WFYI, as well as a May 8 appearance on the Amos Brown live radio show to discuss special education, and a guest interview on Radio Disney “Kids Concern,” featured on WRDZ.

These broadcast media efforts reached an audience of approximately 148,658.

PRINT

Print media coverage was also significant and effective. In the March 19, 2006 issue of The Indianapolis Star, the IPAS education and training director was interviewed for a piece titled, “Disabled and Seeking a Place to Call Home.”

A press release highlighting the issue of abuse and neglect was produced and distributed to media in the second quarter. The press release was picked up by three newspapers that generated a combined circulation of approximately 100,000, including the Greensburg Daily News, Decatur Daily Democrat and the Versailles Republican.

On June 15, an article regarding abuse and neglect was printed titled, “Indiana Protection and Advocacy Reports Improved Tracking.” This appeared in the Bourbon News-Mirror in Marshall County. And on July 15, 2006, an article titled “Caretaker Complains” mentioned IPAS as an agency that can offer assistance to individuals living in a long-term care facility.

In the fourth quarter, a press release was distributed to media statewide. The story “Many of Indiana’s Public Events and Festivals Inaccessible to People With Disabilities,” was published in the Marion County Herald. The equal access coverage also extended to Catholic Moment (Lafayette), La Voz de Indiana (Indianapolis),

La Ola Latino-Americana (Marion County), Latino Monthly (Fort Wayne) and The Indianapolis Star. On August 5, 2006 this article also appeared in the Indiana Herald (Marion County).

A letter drafted by IPAS detailing the importance of equal accessibility appeared as the first line-item in an e-newsletter that went to all festival planners statewide.

Finally, IPAS partnered with the Brain Injury Association of Indiana and produced a press release that was distributed and appeared in The Indianapolis Star. The release, highlighting the annual conference and announcing key-note speaker Tricia Meili, the “Central Park Jogger,” appeared in The Indianapolis Star in September. The Indianapolis Business Journal also picked up this story on Sept. 11, 2006.

Based on total circulation, IPAS’ print media messages reached an audience of 1,132,457 people.

PUBLIC SERVICE ANNOUNCEMENTS

Two public service announcements were created for the equal access campaign and were distributed to local minority media. These PSAs ran a number of times on stations, including WTLC-AM and WEDJ-FM, the only bi-lingual radio station in the Indianapolis market area.

PUBLICATIONS

Publications featuring IPAS news included:

- ◆ The October issue of Indiana Minority Business Magazine featured an article on “No Child Left Behind”
- ◆ The Fall Priority Issue of IMPACT
- ◆ The Annual Report Issue of IMPACT
- ◆ The Jan/Feb issue of the Indiana Minority Business Magazine included an article on “Abuse and Neglect of Children With Disabilities”
- ◆ Indianapolis Woman featured a piece regarding Special Education and IPAS services

A printed insert (full-page color) was also created in a newsletter that was sent to the 340 Indiana State Festivals Association members. This insert detailed the case story of a boy who was not able to attend the State Fair because of inaccessibility and also included key equal access guidelines and statistics.

IPAS Outreach to Minority and Underserved Individuals With Disabilities

AFRICAN-AMERICAN AUDIENCES

A minority-owned contractor assisted in “getting the word out” in minority communities via e-mail, Web site links, newsletter articles and brochure placements. IPAS also continues to make special efforts through mailings each quarter to recruit minority individuals who are interested in serving on the IPAS Commission or Mental Illness Advisory Council.

Articles were placed in the October and Jan/Feb issues of Indiana Minority Business Magazine. IPAS also secured article placement for January in Power magazine, a quarterly national magazine that targets the minority community, and in the January issue of Indiana Minority Health Coalition’s quarterly publication, which distributes 5,000 copies statewide to churches, health centers and state agencies.

The Abuse and Neglect campaign information was also disseminated to the following media vendors: Gary Crusader, Indiana Herald, Frost Illustrated, INK and The Indianapolis Recorder.

LATINO-HISPANIC AUDIENCES

Four IPAS brochures — including PATBI, PAVA, the Agency booklet, and the DD network brochure — have been translated into Spanish. Each of these brochures was also placed on the IPAS Web site.

The Abuse and Neglect campaign was disseminated to the following Latino-Hispanic media vendors: Indiana Herald, La Voz de Indiana, Fronteras de la Notcia, El Puente and Latino Monthly.

A special feature regarding the abuse and neglect of children with disabilities was published in the Jan/Feb issue of Indiana Minority Business Magazine. The article in the Jan/Feb issue focused on cultural diversity and is distributed to more than 80,000 individuals statewide.

Contacts were also established with several minority groups and organizations, including the Hispanic Chamber of Commerce and WEDJ-FM, an Indianapolis Hispanic radio station, with regard to future partnership opportunities and speaking engagements.

HOMELESS AUDIENCES

The Mayor’s Office sponsored a day of caring for the homeless on Dec. 13, 2005. IPAS participated with an exhibit booth in the “Indy’s Homeless Connect” event that attracted more than 1,000 individuals who are homeless.

The IPAS education and training director was interviewed for a March 19 article, “Disabled and Seeking a Place to Call Home,” in The Indianapolis Star regarding individuals with disabilities and housing. The focus of the article was on unemployment, poverty and limited choices for many in Indiana. The article stated that many disabled Hoosiers do not earn enough or receive adequate public assistance to afford accessible housing and there is not enough to meet the demand.

IPAS also partnered with Debra McCarty regarding housing events, publication distribution and production.

Finally, the education and training director participated in a task force relating to individuals who are homeless; through this effort, IPAS was provided ideas for outreach projects relating to this objective. IPAS will continue to get minutes from this task force and provide assistance when needed. The task force is looking at the central area homeless shelters and missions and working toward awareness of disability issues as well as physical access to each center. The new name of this task force is Partnership for Accessible Shelters.

NATIVE AMERICAN AUDIENCES

IPAS sent approximately 200 brochures to Cheryl Grice of the White Buffalo Society for distribution at their powwow.

The press release regarding equal access was also sent to statewide minority publications in an effort to reach minority groups. The release was also promoted by the IPAS minority partner, The McCormick Group.

Contacts were established with several minority groups and organizations, including the American Indian Center of Indiana, regarding future partnership opportunities and speaking engagements.

IPAS at a Glance

By the numbers

Total requests for information and referral	3,056
Total individuals served*	659
Total service requests	777
Total individuals reached with relevant disability rights information	2,394,678

Total training events attended by staff	212
Total number of people reached at speaking engagements	76,398
Web site hits	787,019

*The total number of clients served is 643. However, some clients had cases opened in more than one program.

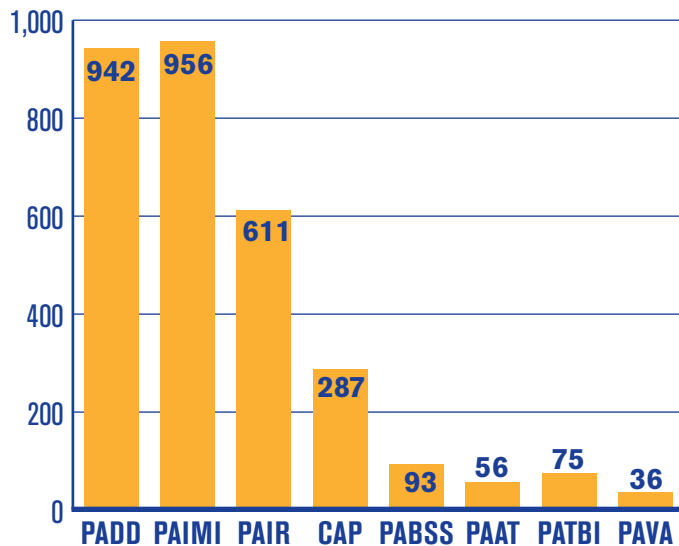
Demographics for 2005

GENDER	
Female	404
Male	239
ETHNICITY/RACIAL BACKGROUND	
Asian	1
Black	91
Hispanic	12
Multicultural	6
Native American	3
White	530
DISABILITY	
Absence of extremities	2
AIDS/HIV positive	4
Alcoholism and other substance abuse	6
Autism	26
Autoimmune (non-AIDS/HIV)	6
Bipolar disorder	23
Blindness and other visual impairments	20
Cancer	1
Cerebral palsy	31
Deaf/blindness	1
Deafness and other hearing impairments	42

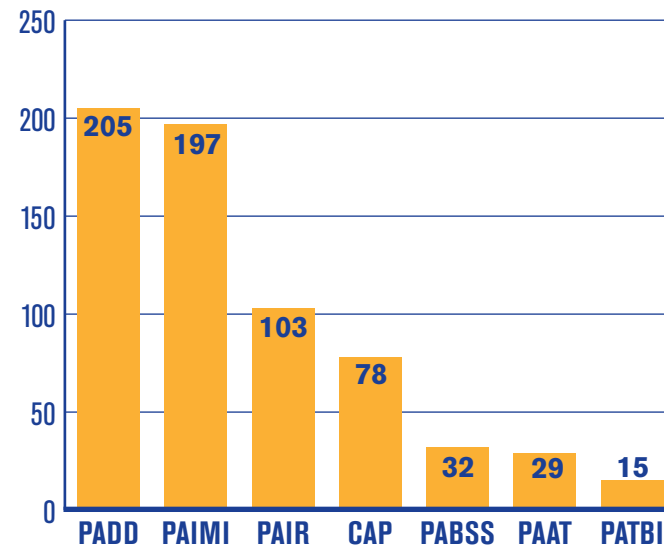
Diabetes and other endocrine disorders	12
Digestive disorders	4
Epilepsy	16
Genitourinary disorders	3
Heart and circulatory conditions, including stroke	13
Learning disability and ADD/ADHD	77
Mental illness	220
Mental retardation	180
Multiple sclerosis	7
Muscular dystrophy	2
Muscular/skeletal impairments	8
Neurological disorders	11
Other emotional/behavioral disorder	14
Physical/orthopedic impairments	72
Respiratory disorders	8
Schizophrenia	4
Skin conditions	1
Speech impairments	6
Spina bifida	3
Tourette syndrome	2
Traumatic brain injury (TBI)	28
All other disabilities	3

IPAS at a Glance (cont.)

3,056 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL

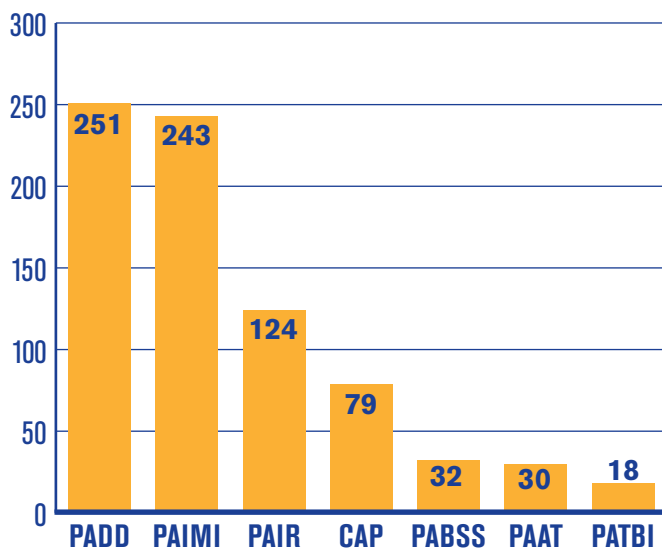


659 CLIENTS SERVED

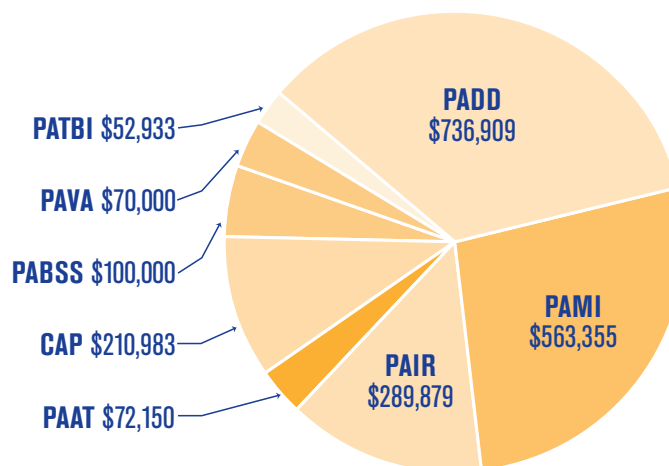


NOTE: The total number of clients served is 643. However, some clients had cases opened in more than one program. The total by program is more than 643.

777 INDIVIDUAL SERVICE REQUESTS



IPAS PROGRAM FUNDING



IPAS Commission

The Indiana Protection and Advocacy Services Commission (IPAS), our governing authority, has the responsibility to assure adequate legal and advocacy services for the protection, promotion and empowerment of the rights and interests of individuals with disabilities throughout Indiana.

The IPAS Commission provides direction and advice on the agency's activities, goals and policies.

Federal law requires that the commission be composed of members who broadly represent or are knowledgeable about the needs of the individuals served by the protection and advocacy system.

Membership must include individuals with developmental disabilities who are eligible for services, have received or are receiving services or parents, family members, guardians, advocates or authorized representatives of such individuals. In addition, the Chair of the IPAS Mental Illness Advisory Council (MIAC) automatically is a member of the IPAS Commission.

No more than one-third of the members of the commission may be appointed by the governor (42 USCA 6042). The Commission appoints the remaining nine members. Members serve three-year terms and may not serve more than five consecutive terms.

Serving on the IPAS Commission in an advisory, non-voting capacity is one member of the Indiana Senate appointed by the President Pro Tempore of the Senate, and one member of the Indiana House of Representatives appointed by the Speaker of the House of Representatives.

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SUPPORT SERVICES

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DATA ENTRY CLERK

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JUDITH I. WADE
FISCAL OFFICER

CLIENT AND LEGAL SERVICES

DEBRA DIAL
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GARY RICKS
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PABSS/CAP/PATBI PROGRAM
COORDINATOR

DAVID BOES
ASSISTANT DIRECTOR OF CLIENT SERVICES
PAIMI PROGRAM COORDINATOR

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ADVOCACY SPECIALIST

CATHY WINGARD
ADVOCACY SPECIALIST

MEMBER RECRUITMENT

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities. Commission members must have a commitment to promoting the legal and civil rights of people with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own choices.

The IPAS Commission consists of 13 members. The governor appoints four, and the remainder are placed by a majority vote of the membership. Commission members serve three-year terms. For more information, contact 800.622.4845 or TTY: 800.838.1131.



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These contents are solely the responsibility of the grantee and do not necessarily represent the official views of state or federal government.

The logo for IMPACT, with the letters in a bold, sans-serif font. The 'I' and 'M' are blue, 'P' is orange, 'A' is yellow, 'C' is blue, and 'T' is blue.

FOR MORE INFORMATION

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